

^{-C.V.-}
Case 1:21-10628 - LTS Document 8 Filed 1/10/22

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SDNY PRO SE OFFICE
2022 MAR 14 AM 10:21
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

STANLEY HOLMES

21 cv 10628

Write the full name of each plaintiff.

(Include case number if one has been assigned)

-against-

**AMENDED
COMPLAINT**
(Prisoner)

N.Y.P.D OFFICER JAMES TRAPASSO

N.Y.P.D OFFICER AMANDA VANWIEREN

N.Y.P.D OFFICER RALPH PERA

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

STANLEY		Holmes
First Name	Middle Initial	Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

DIN # 16A2942

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

GREAT MEADOWS CORRECTIONAL FACILITY

Current Place of Detention

11739 State Route 22 PO Box 51

Institutional Address

Cornstock	N.Y.	12821
County, City	State	Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced prisoner
- ☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	<u>JAMES</u>	<u>TRAPASSO</u>	<u>22068</u>
	First Name	Last Name	Shield #
	<u>N.Y.P.D. OFFICER</u>		
	Current Job Title (or other identifying information)		
	<u>c/o N.Y.P.D. 120TH PCT. - RICHMOND TERRANCE</u>		
	Current Work Address		
	<u>STATEN ISLAND</u>	<u>N.Y.</u>	<u>10301</u>
	County, City	State	Zip Code
Defendant 2:	<u>AMANDA</u>	<u>VANWIEREN - JOHNSON</u>	
	First Name	Last Name	Shield #
	<u>N.Y.P.D. (INACTIVE)</u>		
	Current Job Title (or other identifying information)		
	<u>5 SEAMAN COURT</u>		
	Current Address		
	<u>HIGHLAND MILLS</u>	<u>N.Y.</u>	<u>10930</u>
	County, City	State	Zip Code
Defendant 3:	<u>RALPH</u>	<u>PENA</u>	
	First Name	Last Name	Shield #
	<u>N.Y.P.D. ECT.</u>		
	Current Job Title (or other identifying information)		
	<u>c/o N.Y.P.D. LEGAL BUREAU, ONE POLICE PLAZA</u>		
	Current Work Address		
	<u>NEW YORK</u>	<u>N.Y.</u>	<u>10038</u>
	County, City	State	Zip Code
Defendant 4:			
	First Name	Last Name	Shield #
	Current Job Title (or other identifying information)		
	Current Work Address		
	County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: 139th Street and Broadway, Manhattan N.Y.

Date(s) of occurrence: November 23, 2010

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On November 23rd, 2010, at approximately 5:30 AM, I WAS SITTING IN A CAR AND WAS APPROACHED BY N.Y.P.D. OFFICER JAMES TRAPASSO AND N.Y.P.D. OFFICER AMANDA VANWIEREN-JOHNSON AND FORCEABLY PULLED OUT OF THE CAR WITHOUT ANY JUSTIFICATION. I THEN WAS ARRESTED BY OFFICERS TRAPASSO AND VANWIEREN-JOHNSON AND N.Y.P.D. RALPH PENN AND FALSELY CHARGED AND MALICIOUSLY PROSECUTED BY THESE OFFICIALS WITH VARIOUS CRIMES, INCLUDING CRIMINAL POSSESSION OF A WEAPON. THE DEFENDANTS ALSO MADE FALSE STATEMENTS AND GENERATED FALSE PAPERWORK IN WHICH THEY ACCUSED ME OF CRIMINAL ACTS THAT THEY KNEW I DID NOT COMMIT. THEY CLAIMED THAT THEY RECOVERED A GUN WHICH HAD BEEN IN MY POSSESSION, KNOWING THAT TO BE FALSE, AND THEY CONVEYED THIS FALSE INFORMATION AND FABRICATED EVIDENCE TO FELLOW OFFICERS AND TO THE DISTRICT ATTORNEY. AS A RESULT OF DEFENDANTS ACTIONS, WHICH WERE INTENTIONAL AND MALICIOUS, I WAS INCARCERATED FOR 5 YEARS ON RIKAS ISLAND ABOUT AND PROSECUTED WITHOUT PROBABLE CAUSE FOR NEARLY 11 YEARS. ON SEPTEMBER 14, 2021 ALL CRIMINAL CHARGES HAD BEEN DISMISSED AND THE PROSECUTION TERMINATED IN MY FAVOR. BASED ON THE ABOVE, I BELIEVE I HAVE A VALID CAUSE OF ACTION AGAINST THE DEFENDANTS FOR MALICIOUS PROSECUTION AND DENIAL OF MY

Right to a Fair Trial, in Violation of my Federal Civil Rights,
Including my rights under the 4th, 5th, 6th, and 14th Amendment
to the U.S. Constitution, and Am Entitled to Damages under
42 USC Section 1983

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment,
if any, you required and received.

I WAS INCARCERATED AND MALICIOUSLY PROSECUTED, AND SUFFERED A
SIGNIFICANT DEPRIVATION OF LIBERTY AND SUFFERED AND CONTINUE TO
SUFFER LOSS OF EMPLOYMENT OF LIFE AND PAIN AND SUFFERING,
AND EMOTIONAL AND PSYCHOLOGICAL DISTRESS

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I AM SEEKING COMPENSATORY DAMAGES IN THE AMOUNT OF
TWELVE MILLION (\$12,000,000) DOLLARS, AND PUNITIVE
DAMAGES, ATTORNEY'S FEE UNDER 42 USC. SECTION 1988

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

March, 15, 2022		Mr. Stanley Holmes	
Dated		Plaintiff's Signature	
Stanley		Holmes	
First Name	Middle Initial	Last Name	
11739 State Route 22, P.O. Box 51			
Prison Address			
Constock	N.Y.	12821	
County, City	State	Zip Code	

Date on which I am delivering this complaint to prison authorities for mailing: _____

GREAT MEADOW CORRECTIONAL
PO BOX # 51
COMSTOCK, New York, 12821-0051
Stanley Holmes # 16A 2942

Great Meadow

NEOPOST

FIRST-CLASS MAIL



Correctional Facility

03/08/2022

US POSTAGE

\$001.36⁰



ZIP 12821
041M11283103

UNITED STATES DISTRICT COURT.

Judge: LAURA TAYLOR SWAIN

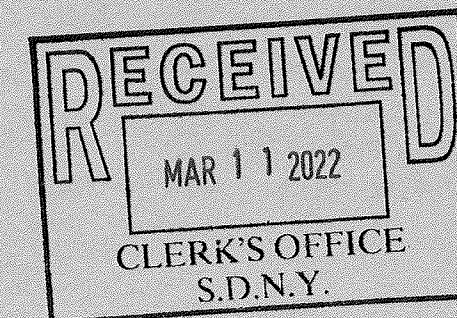
500 - PEARL STREET, USDC,

New York, NY, 10007

* LEGAL MAIL *

USDC
S.D.N.Y.

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SDNY PRO SE OFFICE
MAR 14 AM 10:00



Pro Se (TMK)